附件：

**2018年郴州市第四人民医院公开招聘报名表**

报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 性别 | | |  | | | 出生年月 | | | | | |  | | | | 一寸免冠照 |
| 籍贯 | |  | | 出生地 | | |  | | | 特长 | | | | | |  | | | |
| 联系电话 | | |  | | | | 身份证号 | | |  | | | | | | | | | |
| 学历情况 | 学历层次 | |  | | | | 专业或方向 | | | | | | |  | | | | | |
| 毕业时间 | |  | | | | 毕业学校 | | | | | | |  | | | | | | |
| 高中以上学历情况 | 起止时间 | | | | 学历层次 | | | 学校 | | | | | | | | | 所学专业 | | | |
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|  | | | |  | | |  | | | | | | | | |  | | | |
| 工作经历 | 起止时间 | | | | 工作单位所从事专业 | | | | | | | | | | | | | | | |
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|  | | | |  | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | |
| 执业情况 | 是否取得资格证 | | | |  | | | | | | | 是否已注册执业证 | | | | | |  | | |
| 注册范围（专业） | | | |  | | | | | | 注册地点（单位） | | | | | | |  | | |
| 规培情况 | 是否规培 | | | |  | | | | | | 规培单位 | | | | | | |  | | |
| 规培起止时间 | | | |  | | | | | | 规培结束时间 | | | | | | |  | | |
| 获奖情况 |  | | | | | | | | | | | | | | | | | | | |
| 配偶 | 称谓 | |  | | | 姓名 | | |  | | | | | | 学历层次 | | | |  | |
| 就读学校及专业/现工作单位及岗位 | | | | | | | | | | | |  | | | | | | | |
| 毕业时间/参加工作时间 | | | | | | | | | | | |  | | | | | | | |

注：以上信息请认真、客观填写。如有弄虚作假情况，取消考试和录取资格。

考生签名：

年 月 日